



Arnold Schwarzenegger
GOVERNOR

CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

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916-574-7220 T

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CONSUMER COMPLAINT FORM

1. SUBJECT (Person Complaint is Against)

Last Name	First Name	Middle Name
Business Name		
Business Address		
City	State	Zip Code
Business Phone ()	Home Phone (If Known) ()	Architect License Number (If Known)

2. COMPLAINANT (Person Making the Complaint)

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Business Phone ()	Home Phone ()	Best Time of Day to Contact You

3. What is the property address of the project? _____

4. Did you and the subject sign a written agreement before any services were rendered?
(If yes, please attach a copy.)..... YES ☐ NO ☐

If you did not have a written contract or agreement, please provide a detailed description of the scope of services the subject was to provide for this project: _____

5. Do you have copies of cancelled checks or other evidence of payment to the subject?
(If yes, please provide copies.)..... YES ☐ NO ☐

6. Do you have design plans prepared by the subject? (If yes, please provide copies.)..... YES ☐ NO ☐

7. What is the current status of the project? _____

8. Did the building department require an architect or other licensed professional for this project? _____ YES ☐ NO ☐
9. Did the subject explain the construction process and terms of the contract for services prior to starting work on the project? _____ YES ☐ NO ☐
10. Indicate the type of structure involved in this project:
_____ Single-family residential
_____ Multi-unit residential
_____ Nonresidential less than 100,000 sq. ft.
_____ Nonresidential over 100,000 sq. ft.
_____ Specialized such as essential services, buildings, hospitals, schools
11. What is/was the estimated cost of construction for the project? _____
12. Have you discussed your complaint with the subject? _____ YES ☐ NO ☐
13. Have you contacted an attorney regarding this matter? _____ YES ☐ NO ☐
If so, provide your attorney's name, address, and phone number: _____

14. Have you filed a claim in any court regarding this complaint? _____ YES ☐ NO ☐
If so, name court: _____
Indicate hearing date, if scheduled: _____
15. Describe the events which led to your complaint and specify pertinent dates, monies paid, balances owed, amounts claimed by third parties, etc. on a separate piece of paper and attach it to this complaint form. Please attach any documentation that will help support your complaint.

The filing of this complaint does not prohibit you from filing a civil action. Please read the following statement and sign and date the form where indicated:

I hereby certify under penalty of perjury under the laws of the State of California that to the best of my knowledge all of the above statements are correct. If called upon, I will assist in the investigation or in the prosecution of the subject of this complaint or other involved parties, and will, if necessary, swear to a complaint, attend hearings and testify to facts.

YOUR SIGNATURE _____ **DATE** _____

The following questions are optional, however, the California Architects Board would appreciate your cooperation in completing the questions. The information is confidential and will be used for statistical purposes to guide the Board in future decisions.

1. How did you choose the architect you hired for your project? (For example: personal recommendation, research, phone book listing, other method) _____

2. Have you ever used the services of an architect prior to this project?
____ No, I have not used the services of an architect prior to this project.
____ Yes, I have worked with the same architect
____ on _____ (Indicate the number) past projects.
____ Yes, I have worked with a different architect(s) on _____ (Indicate the number) past projects.
3. How many architects did you interview before you made a selection? _____
4. What is your occupation? _____
5. Did you read the Board's publication Consumer's Guide to Hiring an Architect prior to beginning the project? _____ YES ☐ NO ☐
If so, did you find the publication helpful? _____

6. Did you contact the California Architects Board to verify the architect's license status and check on any history of complaints prior to the beginning the project? _____ YES ☐ NO ☐

Notice on Collection of Personal Information

Collection and Use of Personal Information. The Department of Consumer Affairs and the California Architects Board (Board) collects the information requested on this form as authorized by Business and Professions Code Sections 325, 326 and 5560. The Board uses this information to follow up on your complaint.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

Access to Your Information. You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we

may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the California Architects Board, 2420 Del Paso Road, Suite 105, Sacramento, CA 95834, (916) 574-7220, or email CAB@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 N. Market Blvd., Suite N-324, Sacramento, CA 95834, (866) 785-9663, or email privacy@dca.ca.gov.